

1538 E. PARHAM ROAD - RICHMOND, VA 23228 1-800-523-6019

## APPLICATION FOR EMS AGENCY LICENSE

PLEASE COMPLETE APPLICATION FORM IN IT'S ENTIRETY PRIOR TO TIME OF INSPECTION. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR EMS PROGRAM REPRESENTATIVE.

Agency Name:					
Agency No.:		Agency FIN:			
Mailing Address:		(Street Address)			
	(City)	(State)	(Zip Code)		
Shipping Address:		(Street Address)			
		(eurost / taar eee)			
<del></del>	(City)				
Agency Telephone Number Agency E-mail Address:	<u> </u>	FAX #:			
Type of Application:	☐ Initial ☐ Recei	tification	Change of Classification		
Please check	the CATEGORY, all CLAS	SIFICATIONS, and DE	SCRIPTION of Agency.		
CATEGORY:  Volunteer Government Commercial Industrial Non-Profit	Non-Trans Non-Trans Emergence Emergence	sport - BLS sport - ALS Ambulance sance	DESCRIPTION:  Fire Department  1St Response - Only Rescue Squad - EMS Hospital Police Other:		
Hours of Operation:	24 Hours Other: _				
Month/Year Agency Establi	shed:				
Month/Year Agency began	EMS Operations:				
Is Agency a Member of:	Virginia Ambul	ation of Volunteer Reso ance Association nmental EMS Administr	·		
Does Agency Employ EMS	Personnel?	Yes			
COMMUNICATIONS:					
Dispatch Facilities:	Agency Central Contral Contra	al Dispatch: (Specify)			
Dispatch Business Telepho	ne #: ( )				
FREQUENCIES: Dispatch Frequencies: Other Frequencies:	1) TX PL 1) TX PL 2.) TX PL 3.) TX PL	RC RC RC RC RC	PLPLPLPL		
Agency Notified By:	☐ Radio (Voice)	Radio (Paging)	Telephone		
Number of Radios	Mobile	Portables	Paging		
Emergency Telephone Nun	nber: <b>911</b>	Other:			
Emergency Telephone Nun	☐ Yes ☐ No				
Does Agency prioritize or p	☐ Yes ☐ No				

## PHYSICAL LOCATION OF AGENCY & DIRECTIONS FROM MAJOR ROUTE NUMBER:

AGENCY OFFICIAL REPR Chief Operations Officer Name:		OR OWNER (S):	Title:		Race:
(last)	(First)	(Middle)			
Social Security Number:			Date of Birth:	/	/
Mailing Address:			(Street Address)		
			,		
Daytime Phone No.:	(Cit		(State) ng Phone No.: _	( )	(Zip Code)
Email Address:					
Chief Executive Officer (F	•	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Title:		_ Race:
(last) Social Security Number:	(First)	(Middle)	Date of Birth:	/	/
Mailing Address:			(0)		
			(Street Address)		
Daytime Phone No.:	(Ci		(State) ng Phone No.: _	( )	(Zip Code)
Email Address:					
Training Officer:: Name: (last) Social Security Number:	(First) 	Titl (Middle) Dat	e: te of Birth:	Race	Э:
Mailing Address:		(9)	reet Address)		
		(5)	,		
Daytime Phone No.:(	(City )		(State) none No.:(	(Zip Cod	de) -
Email Address:  **NOTE: Race- To be used State Police**	solely for the purpo	se of criminal back	ground checks ar	nd is required	d by the Virginia
Is representative/owner inv No Yes (explain)		nt (i.e. owner, office	,	r Licensed V	A EMS Agency?
Does Representative have ☐ Yes (explain)		operating an EMS		☐ No	
If yes, has EMS License of ☐ Yes (explain)	that agency ever be	en suspended or r	evoked?	☐ No	
Does Agency Bill for Service	e?		Yes	□ N	lo
OPERATIONAL MEDICAL DIRECTOR(S): (OMD/PCD	• • •				
	3.				

Name: (last)	(First)	(N	Title:		Race:	
Social Security Number:		-	Date of Birth:		/	/
Mailing Address:						
			(Street Address	)		
Daytime Phone No.:	( )	(City)	(State) Evening Phone No.:	(	(Zip (	Code)
Email Address:						
_						
EHICLE INSURER:						
	(L	nderwriters)	(F	Policy #)		(Expiration Date
YPES & NUMBERS OF	PERSONNEL:		First Responder		EMT	
			EMT-ST EMT-Enhanced			-Cardiac -Intermediate
EVOC/Driver			EMT-Paramedic			oort Personnel
NUMBER OF CALLS FOR	PREVIOUS 12	MONTH RE		-		
					0014	DINIATION
IO. DEFIBRILLATORS:	IVI <i>P</i>	NUAL	AUTOMATED		COMBINATION	
IO. OF EMT-E PACKAGE	ES:		NO. OF EMT-I/P PACKA	GES:		
EXTRICATION EQUIPME						
s required equipment sup OTHER EQUIPMENT:	plied by Applican	t Agency?			Yes	∐ No
ight Duty Crash Truck					Yes	□ No
Medium Duty Crash Truck				H	Yes	☐ No
leavy Duty Crash Truck					Yes	☐ No
Boat with Trailer					Yes	☐ No
echnical Rescue Vehicle					Yes	☐ No
Vater Rescue Team with	Tailored Boat				Yes	No
Disaster Trailer				$\sqcup$	Yes	∐ No
lazMat Response Vehicle				닏	Yes	∐ No
Portable generator (Hand	Carried)			닏	Yes	∐ No
Mobile Generator				닏	Yes	∐ No
mergency Back-up Gene				님	Yes	∐ No
Command/Communication	ns venicie			님	Yes	∐ No
Dive Team Capability NRPORT Heavy Duty Cra	seh Truck			H	Yes Yes	∐ No □ No
					163	
AGENCY REPRESENTAT	TIVES SIGNATU	RE:				
IAME:	(DI EASE D	RINT NAME)	Т	ITLE: _		
* I attest that all information	on contained in th	nis applicatio	n is true and correct to th	e best of	my knov	wledge.**
			D	ATE: _		
	(SIGN	ATURE)		_		

EMS 6026F Revised June 9, 2003